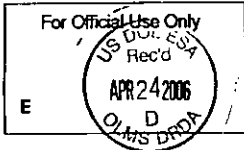


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



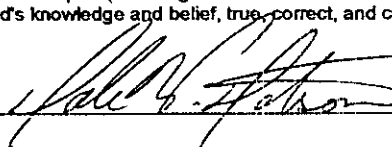
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7177</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Dale</u> <u>W</u> <u>Dotson</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>1101 Bell Pl.</u>  City <u>Laurel</u>  State <u>Maine</u> ZIP Code + 4 <u>20707</u>	4. Name, file number, and address of labor organization. Name <u>International Union of Elevator Constructor</u>  Labor Organization File Number <u>005-215</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>9600 Martin Luther King Highway</u>  City <u>Lanham</u>  State <u>Maryland</u> ZIP Code + 4 <u>20706</u>
5. Position in labor organization. <u>executive Board Chairman010</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>03/04/2006</u> Date	<u>703-929-8807</u> Telephone Number

Name of Person Filing Dale Dotson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Nashtional Elevator Indistroy Education Prog"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="Eleven Larsen Way"/></p> <p>City <input style="width: 80%;" type="text" value="Attleboro Falls"/></p> <p>State <input style="width: 20%;" type="text" value="Massachusetts"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="02763-9980"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"><i>Trust</i></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"><i>Salary</i></div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$12,740"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px 0;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Website at [www.irs.gov](http://www.irs.gov).

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2005**  
 Copy C for employee's records. OMB No. 1545-0008

a Control number 010005 46/AFQ	Dept. 010300	Corp. A	Employer use only 151
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c Employer's name, address, and ZIP code  
**NATIONAL ELEVATOR  
 INDUSTRY  
 11 LARSEN WAY  
 ATTLEBORO FALLS MA 02763**

Batch #00812

e/f Employee's name, address, and ZIP code  
**DALE W. DOTSON  
 1101 BEALL PL  
 LAUREL MD 20707**

b Employer's FED ID number 23-6421955	d Employee's SSA number 214-52-9776
--	--

1 Wages, tips, other comp. 12740.00	2 Federal income tax withheld 1098.56
3 Social security wages 12740.00	4 Social security tax withheld 789.88
5 Medicare wages and tips 12740.00	6 Medicare tax withheld 184.73
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
13 Stat emp. Ret. plan 3rd party sick pay	

15 State Employer's state ID no. MD 07093386	16 State wages, tips, etc. 12740.00
17 State income tax 650.29	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## 2005 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Gross Pay	12740.00	Social Security Tax Withheld Box 4 of W-2	789.88	MD. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	650.29
Fed. Income Tax Withheld Box 2 of W-2	1098.56	Medicare Tax Withheld Box 6 of W-2	184.73		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
12,740.00	12,740.00	12,740.00	12,740.00	12,740.00
Reported W-2 Wages	12,740.00	12,740.00	12,740.00	12,740.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**DALE W. DOTSON  
 1101 BEALL PL  
 LAUREL MD 20707**

Social Security Number: 214-52-9776  
 Taxable Marital Status: MARRIED  
 Exemptions/Allowances:  
 FEDERAL: 0 \$20 Additional Tax  
 STATE: 0

© 2005 AUTOMATIC DATA PROCESSING, INC

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14 Other	12b
	12c
	12d
13 Stat emp. Ret. plan 3rd party sick pay	

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**DALE W. DOTSON  
 1101 BEALL PL  
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19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2005**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 12740.00	2 Federal income tax withheld 1098.56		
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 LAUREL MD 20707**

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17 State income tax 650.29	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**MD. State Reference Copy**  
**W-2 Wage and Tax Statement 2005**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 12740.00	2 Federal income tax withheld 1098.56		
3 Social security wages 12740.00	4 Social security tax withheld 789.88		
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